

Atty Docket No. SH-02-1001 **TAX RECEIVED****COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY**

MAY 28 2002

PETITION'S OFFICE

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD AND APPARATUS FOR PROVIDING PROCESS-CONTAINER PLATFORMSthe specification of which (check one) ☐ is attached hereto or ☒ was filed on July 7, 2001 as Application No. 09/800,842 and was amended on (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed	
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Number	Country	Day/Month/Year Filed
<u> </u>	<u> </u>	<u> </u>

Number	Country	Day/Month/Year Filed
<u> </u>	<u> </u>	<u> </u>

I hereby claim the benefit under 35 U.S.C. § 118(e) of any United States provisional application(s) below.

Application Number	Filing Date
<u>60/216,871</u>	<u>July 7, 2000</u>

Application Number	Filing Date
<u> </u>	<u> </u>

I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

Application Number	Filing Date	Status: Patented, Pending, Abandoned
<u> </u>	<u> </u>	<u> </u>

Application Number _____ Filing Date _____ Status: Patented, Pending, Abandoned

I HEREBY APPOINT THE LAW FIRM OF JACKSON & CO., LLP WITH OFFICES AT 8174 LEE AVENUE, SUITE 307, OAKLAND, CA 94611-2502, WHOSE MEMBERS INCLUDE SCOTT SULLIVAN, REG. NO. 48,210, AND KYLE L. HERRICK, REG. NO. 41,818, AS MY ATTORNEYS WITH FULL POWER OF SUBSTITUTION TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT OFFICE CONNECTED THEREWITH.

Send correspondence to: Jackson & Co., LLP
Attn: Scott Sullivan
8174 Lee Avenue, Ste 307
Oakland, CA 94611-2502
Telephone: 510/852-6418
Facsimile: 510/852-6451

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor ERIK J. FREED

Inventor's signature Erik Freed

Date 5.21.02

Residence Berkeley, California

Citizenship United States of America

Post Office Address Berkeley, California

Full name of second joint inventor, if any, _____

Inventor's signature _____

Date _____

Residence _____

Citizenship _____

Post Office Address _____

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